

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830620

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						61		1							
2		1					52		1							
3		1					53		1							
4		1					54		3							
5		1					55		3							
6		1					56		3							
7		1					57		3							
8		1					58		3							
9		1					59		3							
10		1					60		3							
11		2					61		3							
12		1					62		3							
13		2					63		3							
14		2					64		3							
15		2					65		3							
16		2					66	1								
17		2					67		1							
18		2					68		2							
19		2					69		2							
20		2					70	1								
21		2					71		1							
22		2					72		2							
23		2					73		2							
24		2					74		2							
25		2					75		2							
26		2					76	1								
27		2					77		1							
28		2					78		2							
29		2					79		2							
30		2					80		2							
31	1						81		2							
32		1					82		2							
33		1					83	1								
34		2					84		1							
35		2					85		2							
36		2					86									
37		2					87									
38		2					88									
39		2					89									
40		3					90									
41		3					91									
42		3					92									
43	1						93									
44		1					94									
45		1					95									
46		2					96									
47		2					97									
48		2					98									
49	1						99									
50		1					100									
TOTAL IND.							TOTAL IND.	8								
TOTAL DEP.							TOTAL DEP.	147								
TOTAL CLAIMS							TOTAL CLAIMS	155								